



Application form for a Sim on behalf of an individual or family

Please read the Guidance Notes available on the WaveLength website before making the application, and ensure that the applicant can provide all the relevant information. **Incomplete applications cannot be accepted.**

We will accept one application per family. However please ensure that an Impact Measurement Part 1 form is completed for each Sim requested and returned with this application form.

Applicant's details

Please provide the contact details of the person on whose behalf you are making this application. If you are applying for a family, please provide details of the main contact.

The address given here should be the address where the Sim(s) will be delivered.

Title _____ **First names** _____

Gender Female Male **Surname** _____

Prefer not to say **Previous names** (if any) _____

Date of Birth _____

UK Residency Status (please see Guidance Notes for eligibility) Please tick all that apply:

British citizen Refugee Settled status Other, please state _____

Address _____

County _____ **Postcode** _____

Country England Northern Ireland Wales Scotland

If resident of Greater London, which London Borough do you live in? _____

Phone number _____ **Email** _____

Applicant's declaration

I have completed the WaveLength Impact Measurement Part 1 (page 4) and agree to provide feedback upon equipment provided and its benefits via Part 2 (page 5), to help WaveLength understand and promote the effectiveness of its work. I agree to take all reasonable steps to look after any equipment, provide feedback and co-operate with any third parties WaveLength is working with. For the purpose of the General Data Protection Regulation 2018, I agree to the information given to WaveLength being kept by them and shared with third parties to allow WaveLength to conduct its work.

Signed _____ **Date** _____

For office use only

Date received _____ **Approved by** _____ **Date approved** _____

Equipment provided - Sim. _____ **Case no.** _____ **Date delivered** _____

Further applicant information

1. Number of Sims requested _____

2. Please provide details of additional family members if applicable

First names	Surname	Relationship to main contact

3. Why does the applicant need a Sim(s)?

Why and how would this improve the applicant’s life? How will it help them to move forward over the next six months?

4. Please state why they cannot purchase their own Sim(s)

Referrer details

How do you know the applicant? _____

Title _____ First names _____

Surname _____

Please complete if you are making this referral in a professional capacity.

Job title _____
Name of referring organisation/body _____
Organisation type <input type="checkbox"/> Not for Profit <input type="checkbox"/> Public Sector <input type="checkbox"/> Registered Charity <input type="checkbox"/> Other Charitable
<input type="checkbox"/> Other. If other, please state _____
Charity number _____

Referrer details (continued)

Address _____

County _____ Postcode _____

Country England Northern Ireland Wales Scotland

Phone number _____

Mobile number _____

Email (must be provided) _____

Referrer's declaration

I declare that the information provided is true to the best of my knowledge and I will inform WaveLength of any changes in circumstances, such as the applicant's change of address where reasonably possible. I agree to provide feedback upon equipment provided and its benefits, to help WaveLength understand and promote the effectiveness of its work and receive communications from WaveLength. For the purpose of the General Data Protection Regulation 2018, I agree to the information given to WaveLength being kept by them and shared with third parties to allow WaveLength to conduct its work.

Signed _____ Date _____

Please tell us how you heard about us

Colleague Online search Directory Another organisation Other

If other, please state _____

Checklist

If you do not provide all the documentation requested, we cannot process this application.

- All sections of form completed
- Form signed by applicant and referrer
- Copy of birth certificate, passport or proof of refugee status. **Necessary for each family member requesting a Sim.**
- Impact Measurement Part 1 (page 4) completed by all family members

Please keep Impact Measurement Part 2 (page 5) for each applicant to complete after 1 month and return to WaveLength.

Please return your completed form to:

WaveLength Charity
47-51 Norfolk Street
Cambridge
CB1 2LD



To be completed by each person requesting a Sim card.

In order to operate the WaveLength charity, understand the impact of our work on individuals, develop and improve WaveLength charitable operations and to inform future decision making, we would like to collect data in relation to your health, as per question 5 below and any further information about your health you provide to us in this form. We need your explicit consent to process such information about you. You have the right to withdraw your consent at any time, except to the extent that action has already been taken based on your consent, and that the withdrawal will not apply to information that has already been processed based on your consent. Providing health data to us is entirely optional. If you do not consent, please do not make an application, complete question 5 or provide any health data to us in this form.

By ticking the box I consent to the processing of my health data for the purposes set out above.

We will store and process personal data you have provided as set out in the WaveLength Privacy Notice available at: <https://wavelength.org.uk/contact/privacy-cookies-wavelength-website/>

Please only tick the box that is closest to how you feel.

	Hardly ever or never	Some of the time	Often
1. How often do you feel that you lack companionship?			
2. How often do you feel left out?			
3. How often do you feel isolated from others?			

4. How often do you feel lonely?

Never Hardly ever Occasionally Some of the time Often / always

5. In general, would you say that your health is

Poor Fair Good Very good Excellent

Please tick all that apply.

<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Previously homeless	<input type="checkbox"/>	Domestic abuse
<input type="checkbox"/>	Victim of torture	<input type="checkbox"/>	Physical impairment	<input type="checkbox"/>	Mental impairment
<input type="checkbox"/>	Alzheimers/dementia	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Age-related vulnerabilities (55+)
<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Young people (16-25)	<input type="checkbox"/>	Addiction/substance misuse

Age _____ Gender Female Male Prefer not to say Postcode _____

Name _____

Signed _____ Date _____

Please help us to continue to help those in need. Your feedback is extremely important and necessary to us. Our team will gladly organise everything and come to you.

- I am happy to participate in an interview (possibly Zoom)
- I am happy to participate in a photo shoot (we will take professional photos and will be happy to share them with you)
- I am happy to participate in a video review (we can come to you, or via Zoom)

Please send this form back to:

WaveLength Charity, 47-51 Norfolk Street, Cambridge, CB1 2LD

Thank you for your help



To be completed by each person who has received a Sim card.

In order to operate the WaveLength charity, understand the impact of our work on individuals, develop and improve WaveLength charitable operations and to inform future decision making, we would like to collect data in relation to your health, as per question 5 below and any further information about your health you provide to us in this form. We need your explicit consent to process such information about you. You have the right to withdraw your consent at any time, except to the extent that action has already been taken based on your consent, and that the withdrawal will not apply to information that has already been processed based on your consent. Providing health data to us is entirely optional. If you do not consent, please do not make an application, complete question 5 or provide any health data to us in this form.

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Name _____

Signed _____ **Date** _____

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